

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: SSac	Division: Valley	Chapter: 6
Inspected by: Lt. L. Lopez, #10335		Date: 11/11/09

COPY

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 20	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Many of the "Checklist" items reference tasks conducted and/or generated at a Headquarters' level and do not directly pertain to the Area.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

None.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

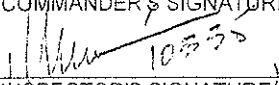
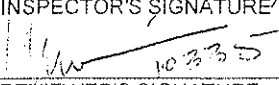

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Command: SSac	Division: Valley	Chapter: 6
Inspected by: Lt. L. Lopez, #10335		Date: 11/11/09

Required Action

Corrective Action Plan/Timeline

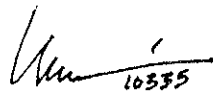
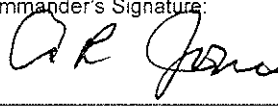
The South Sacramento Area will continue to follow established guidelines and procedures pertaining to grant oversight, activities, and reporting.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE  10335 LT for [Signature]	DATE 12.14.2009
	INSPECTOR'S SIGNATURE  10335	DATE 12.14.2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/22/09

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
INSPECTION CHECKLIST
 Chapter 6
 Command Grant Management

Command: South Sac	Division: Valley	Number: 252
Evaluated by: Lt. L. Lopez, #10335		Date: 11/10/09
Assisted by: Capt. A. Jones, #11718		Date: 11/10/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
		Date: 11/20/09	
For applicable policy, refer to: GO 40.6			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. If the commander became aware that another agency or organization is proposing or has submitted a grant application to a funding agency other than the Office of Traffic Safety (OTS) that appears to focus on traffic safety goals clearly within the jurisdiction of the Department, did the commander notify the appropriate assistant commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has OTS grant funding, through the Highway Safety Plan, been sought for traffic safety-related activities for the purpose of conducting inventories, need and engineering studies, system development or program implementations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: No identified need in Area.
3. Has the command sought grant funding to assist with the expenses associated with the priority programs identified by the National Highway Traffic Safety Administration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander ensured grant funds are not being reallocated to fund other programs or used for non-reimbursable overtime expenditures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are concept papers regarding grant funding submitted through channels to Grants Management Unit (GMU)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Was GMU contacted to determine the current personnel billing rates used for grant projects when preparing concept paper budgets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Grant Management

7. Is supporting documentation of consent and acceptance (of the work, goods, or services provided by the state on behalf of a local government agency as required by 23 Code of Federal Regulations Part 1250) being submitted to OTS for all grant projects coded as "for local benefit"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No "for local benefit" grants submitted in the Area.
8. Were all copies of the grant project agreements, revisions, and claim invoices signed by the Project Director, or designated alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Handled by GMU.
9. Were all inquiries or correspondence concerning the availability of grant funds or other contacts with grant funding agencies coordinated/processed through GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None requested.
10. Are all expenditures of grant funds approved by GMU prior to entering into any obligations, with the exception of personnel costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are quarterly progress reports forwarded through channels to GMU in accordance with the instructions contained in the associated project MOU?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Are all requirements of the grant agreement and MOU being met?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a final project report being prepared in accordance with the funding agency and departmental requirements upon the termination of the grant project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does every invoice associated with a grant funded project contain the project number and name?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are all purchases of grant-funded equipment acquired under an OTS grant exceeding a unit cost of \$5,000 being documented on an Equipment Report, Form OTS-25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such purchases made by Area.
16. Has grant funded equipment been inspected to ensure it is being utilized in accordance with the respective grant agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Are applications for federal funds in accordance with Government Code Section 13326 including obtaining approval from the Department of Finance and/or the Governor's office prior to submission to the appropriate federal authority? This would include any of the following: <ul style="list-style-type: none"> Applications for federal funds which are not included in the budget approved by the Governor. Applications for federal funds which exceed the amount specified in the budget. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No federal funds requested by Area.

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COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

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Command Grant Management

18. Is a federal Standard Form 424, Application for Federal Assistance, filed with the State Clearinghouse for all approved unbudgeted grant requests received by the Department of Finance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No federal funds requested by Area.
19. Has any request for unanticipated federal funds met the criteria for legislative notification set forth in Control Section 28.00 of the annual Budget Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No federal funds requested by Area.
20. Are grant funds being used for their intended purpose?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are grant applications related to the Motor Carrier Safety Assistance Program (MCSAP) being routed through the Commercial Vehicle Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No MCSAP-related funds requested by Area.
22. Are grant applications related to the Homeland Security Grant Program being routed through the Emergency Operations Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Homeland Security funds requested by Area.
Questions 23 through 26 pertain to the Grants Management Unit				
23. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Did GMU send the concept paper as an attachment to a memorandum through the Planning and Analysis Division to Assistant Commissioner, Field, and Assistant Commissioner, Staff, and their Executive Assistants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Did GMU route copies of the Draft Grant Agreement using the CHP Form 60, Staff Summary Statement, to all commands with responsibility for or that have an interest in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Was a Memorandum of Understanding between involved commands outlining the responsibilities of each command prepared and distributed by GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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Inspected by: Lt. L. Lopez, #10335		Date: 11/11/09

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Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Valley Division Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Area does not consistently write "RDO" in the "Notes" section of the CHP 415 for overtime worked on a regular day off. A representative sampling of CHP 415s revealed 7 which did not contain the required annotation.

Area does not consistently note the employee's lunch period, or indicate "None" if the employee worked through their lunch break, on overtime 415s. A representative sampling of CHP 415s revealed 4 which did not contain the required annotation.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)

None.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

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Chapter Inspection:

Inspector's Comments Regarding Innovative Practices:

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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Command: SSac	Division: Valley	Chapter: 6
Inspected by: Lt. L. Lopez, #10335		Date: 11/11/09

Required Action

Corrective Action Plan/Timeline

The South Sacramento Area has established a 90-day Corrective Action Plan (CAP) and timeline regarding the command's overtime 415s documentation. The dates listed below reflect the CAP timeline completion dates.

December 1, 2009:

Prepare and issue an Area Briefing Item reminding officers and sergeants of the requirements to enter "RDO" in the "Notes" section of overtime 415s when the overtime is worked on an RDO, and to indicate a lunch break or "None" on overtime 415s.

December 8, 2009:

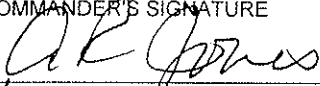
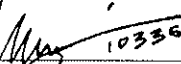
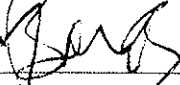
Discuss these deficiencies at Area's fourth quarter Staff Meeting, emphasizing the supervisors' role in reviewing 415s.

January 11, 2010

February 11, 2010

March 1, 2010:

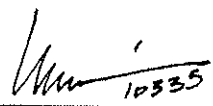

Conduct representative sampling of Area overtime 415s to ensure compliance.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 11/30/09
	INSPECTOR'S SIGNATURE 	DATE 11.30.2009
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 12/15/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
INSPECTION CHECKLIST
Chapter 6
Command Overtime

Command: South Sac	Division: Valley	Number: 252
Evaluated by: Lt. L. Lopez, 10335		Date: 11/9/09
Assisted by: Capt. A. Jones, 11718		Date: 11/9/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

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Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Commander's Signature: 		
<input type="checkbox"/> Follow-up Inspection		Date: 11/30/09		
For applicable policies, refer to HPM 11.1, Chapter 6, HPM 40.71, Chapters 2, 8, and 10, HPM 10.5, Chapter 2, and HPM 10.3, Chapters 24 and 28.				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Is the hiring company/agency for reimbursable overtime being held responsible for paying a minimum of four hours of overtime per CHP uniformed employee, regardless of length of service/detail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Is a minimum of four hours overtime being allocated to each CHP uniformed employee(s) if cancellation notification is made 24 hours or less prior to the scheduled detail and the assigned CHP uniformed employee(s) cannot be notified of such cancellation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are reimbursable special project codes being used for all overtime associated with reimbursable special projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the commander ensuring nonuniformed personnel overtime hours are not reflected on the Report of Overtime Hours for Reimbursable Special Projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is the commander ensuring non-reimbursable overtime is not being claimed for an employee, other than Bargaining Unit 7, while on vacation or compensated time off for hours worked during their regular work shift time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is "RDO" being written in the "Notes" section of the CHP 415, Daily Field Record, for overtime worked on a regular day off?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not consistently done.
7. Is there a CHP 90, Report of Court Appearance - Civil Action, completed for each officer or sergeant when overtime is associated for civil court?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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INSPECTION CHECKLIST
 Chapter 6
 Command Overtime

8. Do the CHP 415s with overtime indicate the employee's lunch period or indicate "None" if the employee worked through their lunch break?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not consistently done.
9. Did the supervisor sign the CHP 415s approving the overtime?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are claimed overtime meals related to overtime worked within 50 miles of the employee's headquarters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. If overtime is incurred by a peer support counselor, is the name of the employee to whom support was provided excluded from the CHP 415 of the counselor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Is the "Notes" section on side two of the CHP 415 used to explain any overtime listed on side one of the CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Are employee's Compensated Time Off hours maintained within reasonable balances?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Is the commander ensuring employees are not incurring overtime due to working over the allotted number of hours for any given Fair Labor Standards Act (FLSA) period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is the commander ensuring uniformed employees are not working voluntary overtime which results in them working more than 16.5 hours in a 24 hour period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Do the CHP 415 total overtime hours agree with the Monthly Attendance Report (MAR)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: These rarely agree due to changes and late reporting.
17. Are the MARs retained for at least three years and contain the commander's signature?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: